

## Foster Family Home - Corrective Action Report

Provider ID: 1-120042

Home Name: Herbert Sales, NA

94-1112 Lumikula Street

Waipahu

HI 96797

Review ID: 1-120042-7

Reviewer: Angelica Galindo

Begin Date: 11/16/2018

End Date:

12/6/18

### Foster Family Home

### Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 11/16/18. Corrective Action Report issued during home visit with all items due to CTA by 12/16/18.

6.(d)(1) - see applicable sections of the review

### Foster Family Home

### Personnel and Staffing

[17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - Blood borne pathogen lapsed for CG#1 & CG#3: both due on/before 2/01/2018, both done on 2/14/2018.

*ASALDO, RN*

Compliance Manager

*Herbert Y. Sales*

Primary Care Giver

*11/16/18*

Date

*11/16/18*

Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: **Herbert Sales**

CCFFH Address: **94-1112 Lumikula Street Waipahu, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	Blood borne pathogen training done on 2/14/2018	2/14/18	CG#1 will use smart phone as a reminder and alert 30 days in advance to meet all required trianing in a timely manner.

Primary Caregiver's Signature: *Herbert Ya Sales*

Print Name: Herbert Sales

Date of Signature: 12/3/18